

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) YOUNG, Curley	Rank/Grade Contract	Social Security No. 4413	Date of Counseling 18 March 2003
Organization Honeywell	Name and Title of Counselor Kenneth A. Erickson - Project Manager		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)
 You left your truck #03-08 unsecured 1500 hours on Friday, 14 March 2003. All of the tool boxes and the right passenger door was not locked. You left tools (hammer drill and saw) in the back of the truck that belonged in the tool room. Not only were the tools unsecured but they were being exposed to rain. This is not acceptable behavior.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:**SECURITY OF TRUCK****SECURITY OF TOOL BOXES****SECURITY OF TOOLS****DEFENDANT'S
EXHIBIT**37 2/27/07
Young**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

SECURE TRUCK AND TOOLS BOXES AT THE CLOSE OF THE BUSINESS DAY.

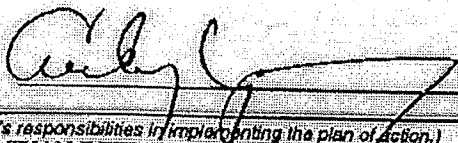
TURN IN TOOLS INTO THE TOOL ROOM AT THE CLOSE OF THE BUSINESS DAY.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☒ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:



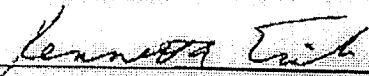
Date:

3/19/03

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

NO ACTION TAKEN OTHER THAN INITIAL COUNSELING.

Signature of Counselor:



Date:

3/19/03

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

ISOLATED INCIDENT SHOULD NOT HAPPEN AGAIN.

Counselor:



Individual Counseled:

Date of Assessment:

Note: Both the counselor and the individual counseled should retain a record of the counseling.